

GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY
(WAC 284-43-950)

| | |
|-------------------------------|--|
| Carrier Name | |
| Address | |
| | |
| | |
| Carrier Identification Number | |
| Contract Holder | |
| Contract Form Number | |
| Contract Number | |
| | |

| | | | | |
|----------------------|---|--|--|--|
| Rate Renewal Period: | From | | To | |
| Date Submitted: | | | | |
| Type of Filing | New Contract ' <input type="checkbox"/> | | Revision of Existing Contract ' <input type="checkbox"/> | |

Summary of New Rate Development

| | |
|------------------------|--|
| Current Rates | |
| Experience Rate Change | |
| Recoupment | |
| Reserves | |
| Benefit Changes | |
| Total New Rates | |

Summary of Contract Experience

| | Experience Period From To | First Prior Period From To | Second Prior Period From To |
|-----------------------------------|---|--|---|
| Member Months | | | |
| Billed Premium | | | |
| Paid Claims | | | |
| Beginning Claim Reserve | | | |
| Ending Claim Reserve | | | |
| Incurred Claims | | | |
| Expenses | | | |
| Gain/Loss | | | |
| Experience Refund or Credit | | | |
| Earned Premium | | | |
| Contribution to Corporate Surplus | | | |
| Loss Ratio Percentage | | | |

Attach comments or additional information.

Preparers Information

Name: _____

Title: _____

Telephone Number: _____